

# LEGAL ASSISTANCE OFFICE, MCRD, SAN DIEGO (619) 524-4110/4111

## BASIC ESTATE PLANNING QUESTIONNAIRE

**For clients with less than \$675,000 in property, including life insurance**

**NOTES:** Both spouses must be present for the interview; otherwise, we will create a will only for the person we interview.  
 If you and your spouse don't want to share the same overall estate plan, then each must complete a separate questionnaire.  
 You must fill out this form completely before you arrive for your appointment with an attorney.

### PERSONAL INFORMATION

DATE:

1. Marital Status (check all that apply)		Svcmb: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce		Spouse: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce	
2. Servicemember's Name (First, Middle, Last)		Soc. Sec. No.		Date of Birth	
3. Spouse's Name (First, Middle, Last)		Soc. Sec. No.		Date of Birth	
4. Home Address (Number, Street)		City		State	Zip
5. Mailing Address If Different From Above (Number, Street)		City		State	Zip
6. Home Phone (     )		Svcmb's Work Phone (     )		Spouse's Work Phone (     )	
7. Svcmb's Command/Employer/Retired Time in Svc		Svcmb's Occupation		Svcmb's Rate/Rank	Branch of Service
8. Spouse's Command/Employer/Retired Time in Svc		Spouse's Occupation		Spouse's Rate/Rank	Branch of Service

Circle or fill in your answers	Svcmb	Spouse
9. Are you a U.S. citizen? .....	Yes No	Yes No
10. Do you have a will or trust now? ** .....	Yes No	Yes No
11. Are you expecting to receive property or money from (circle all that apply): ..... If so, approximately how much? .....	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$
12. How many natural children do you have (you are the biological parent)? .....		
13. How many adopted children do you have? .....		
14. How many stepchildren do you have (not adopted)? .....		
15. In which state do you vote? .....		
16. Which state issued your driver's license ? .....		
17. In which state is your car registered? .....		
18. In which state(s) do you own real estate? .....		
19. In which state(s) do you file tax returns? .....		
20. In which state do you plan to retire/live permanently? .....		
21. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI,PR)	Yes No	Yes No
22. Do you have a pre-nuptial or post-nuptial agreement? ** .....	Yes No	Yes No
23. Do you have a divorce decree that mentions pension, insurance, or other property rights? **...	Yes No	Yes No

<b><i>** If "yes' to questions 10, 22, or 23, you must bring these documents to your appointment</i></b>		
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## YOUR ESTATE ASSETS

When we assist you in planning your estate, it is important that we know what kind of property you own and exactly how you own it (how it is titled). Each state has different rules as to how property passes, and we can only help you and your family if you take the time to gather the necessary information. For example, Florida has special rules regarding real estate, so you may be asked to bring in copies of the deed for the attorney to review. If the total value of your assets is more than \$500,000, call our office: we will request additional information to do more advanced estate planning.

**You may not have some of the types of assets listed below. If not, just print "NONE" in the spaces and move on. If you need more room to write additional assets, please write on a separate piece of paper.**

24. Do you (or your spouse) have any **COMMERCIAL** life insurance policies and/or annuities?

Name of Company	Who is insured	Who owns the Policy	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Benefit

Value of your SGLI or VGLI:

Total Value of Policies in Question 24 (Q 24):

25. Do you (or your spouse) own a home or any other real estate? If so, bring a copy of the deed(s) to your appointment.

Description and Location	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	(-)Mortgage	(=) Equity

Total Net Value in Q 25 :

26. Do you (or your spouse) own any other titled property such as a car, boat, etc.?

Description	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Market Value	(-)Loan Bal	(=) Equity

Total Net Value in Q 26:

27. Do you (or your spouse) have any checking accounts or interest bearing accounts (savings, money market, CD's)?

Name of Bank and type of account (savings, checking, etc.)	Titled in whose name (or names) Indicate if Joint or Beneficiary and name	Approx. Balance

Total Value in Q 27:

28. Do you (or your spouse) own any investments such as stocks or mutual funds (do *not* include IRAs)?

Name of Investment or Brokerage Account	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value

Total Value in Q 28:

29. Do you (or your spouse) have any profit sharing, IRAs or pension plans?

IRA/Plan Owner (H or W)	Description of Plan or IRA	Who is designated as beneficiary if owner dies?	Current Value

Total Value in Q 29:

30. Does anyone owe you money? If yes, please describe the loan(s) and approximate value on a separate piece of paper.

31. Do you own a **business** or any special items of value such as coin collections, antiques, jewelry, etc.? If yes, describe the business and/or other items and their approximate value on separate piece of paper.

## YOUR PLAN OF DISTRIBUTION

In the following section you will tell us how you want your property distributed at your death. If you need more room, please use an additional piece of paper. **REMEMBER:** If you and your spouse do not want the same distribution plan, then you will each need to fill out **SEPARATE** forms. This form is designed only for couples who desire the same plan.

### BENEFICIARIES

32. **Special Gifts to Children, Family, Friends or Other Individuals** (for example: wedding ring to your daughter)

Name of Person & Relationship	Dollar Amount or Accurate Description of Gift	Alternate Beneficiary (if any)

33. **Special Gifts to Organizations** (a charity, foundation, religious or fraternal organization)

Name of Organization & Address	Dollar Amount or Accurate Description of Gift	Alternate Beneficiary (if any)

34. **Distributing the Rest: Primary Beneficiaries**

After the special gifts above (if any) have been distributed, who should receive the rest of the estate?

- ☐ check here if you want your spouse to get all, and if your spouse dies, then equally to your children. **NOTE: you may select this option even if you and your spouse don't currently have children but expect to have children.**

If you did not check the box above, please complete the grid below.

Name of Person (First, Middle, Last) or Organization	Relationship	Percentage (must add to 100%)

35. **Alternate Beneficiaries**

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person (First, Middle, Last) or Organization	Relationship	Percentage (must add to 100%)

If one of your children dies, do you want that child's share to go to that child's children, your grandchildren (Per Stirpes) ☐, or do you want that child's share to be divided among your remaining living children, with **nothing** going to a grandchild whose parent died (Per Capita) ☐.

36. **Disinheriting**

Are there any relatives that you specifically do not want to receive anything from your estate? List names & relationship:

\_\_\_\_\_

37. **List dependents who may be under a disability and require special care**

Name of Dependent	Type of Aid or Program Now Receiving	Amount you wish to provide

Do you want to provide just "basic" care or luxuries/extras to supplement government benefits? ☐ **just basic** ☐ **lux/extras**

## SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI).

38. If you are on active duty, this is often a large part of your estate and is an important part of the planning. List the beneficiaries exactly as they appear in your service record:

Name of Beneficiary	Relationship to You	Share to Each: use %, \$ amounts or fractions	Payment Option (Lump sum or 36 payments)
<b>Principal</b>			
1.			
2.			
<b>Contingent</b>			
1.			
2.			
3.			
4.			

### CHOOSING THE PEOPLE THAT WILL TAKE CARE OF YOUR AFFAIRS AFTER YOUR DEATH

39. **Personal Representative/Executor:** This person manages the probate and settlement of your estate. In Florida, this person must be a Florida resident or it must be your spouse, related to you by blood, the spouse of one related to you, or your spouse's parents or children.

In Svcmb's Will	In Spouse's Will
Full Name:	Full Name:
Relationship	Relationship
Address:	Address:

40. **Successor Personal Representative/Executor:** Back-up manager that takes over if your first personal representative dies or resigns. Same restrictions as above.

In Svcmb's Will - 1 <sup>st</sup> Successor	In Spouse's Will - 1 <sup>st</sup> Successor
Full Name:	Full Name:
Relationship	Relationship
Address:	Address:
In Svcmb's Will - 2nd Successor	In Spouse's Will - 2nd Successor
Full Name:	Full Name:
Relationship	Relationship
Address:	Address:

41. Must the personal representative or executor be bonded or insured to protect your beneficiaries (the insurance or bond will be paid with funds from your estate)? ☐ **yes** ☐ **no**

### 42. YOUR CHILDREN

Full Name (First, Middle, Last)	Age	T=From this Marr. P=Previous Marriage If P, whose? H or W	Child Married? Y or N	Number of Grand-children	Office Use: H W N / A / S

43. If you have step-children or adopted children, do you want your will to state that they are to be treated under your will like natural born children? ☐ **yes** ☐ **no**

44. If you have children from a previous marriage, do you want to guarantee they receive an inheritance from you? \_\_\_\_\_

**FOR CLIENTS WITH MINOR CHILDREN**  
(other clients should continue to next page)

**GUARDIAN OF THE PERSON:** This person will raise your children if *both* you *and* your spouse die. Under Florida law, this person must be a Florida resident or related to the child by blood (or the spouse of one so related). The guardian with whom the child lives is called the *guardian of the person*, and does not have to be the same person that manages the child's money.

**45. Primary Guardian of the Person**

In Svcmb's Will	In Spouse's Will
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:

**46. Successor Guardians**

In Svcmb's Will - 1 <sup>st</sup> Alternate	In Spouse's Will - 1 <sup>st</sup> Alternate
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:
In Svcmb's Will - 2nd Alternate	In Spouse's Will - 2nd Alternate
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:

**LEAVING PROPERTY FOR MINOR CHILDREN**

If you leave money to minor children without further instructions, the money will be placed in a guardianship *of the property*. This method does not provide as much flexibility for managing the funds as other options allow, and all of the money will be given to your children when they reach age 18, which may be too early.

The alternative is a trust. This allows the money to be managed by someone you trust until the children reach any age you choose (many choose age 25). The person managing the money (called a trustee) has more flexibility in deciding how to invest the money, and the trustee may use the money throughout your children's lives for their health, education, and other needs—even before they reach the age at which the money is given to them in a lump sum.

47. Do you want to establish a trust for your children in your will? ☐ **yes** ☐ **no** (If yes, continue below. If no, next page.)

48. If the money has not been used up for my children's health, education, etc., give the remainder as follows (choose one):

☐ **give it to my children in one lump sum at age** \_\_\_\_\_

☐ **give it to my children in installments as follows (choose one):**

☐ 1/2 at 21 and 1/2 at 25; or ☐ 1/3 at 21; 1/3 at 25; and 1/3 at 30, or ☐ 1/3 at 25; 1/3 at 30; 1/3 at 35

☐ customized installments as I describe here: \_\_\_\_\_

Office Use:	Guardianship / Custodianship / Trust	Single / Multiple Trust
	<input type="checkbox"/> Client given SGLI/Civilian Insurance Beneficiary Language to fund a trust or custodianship	

49. **TRUSTEE:** The trustee does not have to be a Florida resident. It should *not* be one of the older children, or anyone else who may share in the property as they will have a conflict each time they make a decision.

In Svcmb's Will	In Spouse's Will
Primary (full name, relationship):	Primary (full name, relationship):
Alternate (full name, relationship):	Alternate (full name, relationship):
2d Altern (full name, relationship):	2d Altern (full name, relationship):

50. Must the trustee be bonded or insured to protect your beneficiaries (the insurance or bond will be paid with funds from your estate)?

☐ **yes** ☐ **no**

## ADVANCED MEDICAL DIRECTIVES AND POWERS OF ATTORNEY

### A LIVING WILL

51. A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?	Svcmb <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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When you come in to execute your living will, you will select which of the following procedures will be *withheld* if you are terminal: surgery, antibiotics, CPR, respiratory support, and artificially administered feeding and fluids. You will have the option of selecting all of them, some of them, or none of them at the time you come in to execute your living will.

52. Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. If practical, do you want your family to remove you from a hospital or nursing home so you can die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

56. Who do you wish to appoint to carry out the instructions you set forth in your living will?

For Svcmb	For Spouse
<b>1st Choice:</b>	<b>1st Choice:</b>
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number
<b>2nd Choice:</b>	<b>2nd Choice:</b>
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number

### DURABLE POWER OF ATTORNEY FOR HEALTH CARE

57. A **Durable Power of Attorney for Health Care** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following or ☐ check this box if you want the same people you listed above in question 56.

For Svcmb	For Spouse
<b>1st Choice:</b>	<b>1st Choice:</b>
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number
<b>2nd Choice:</b>	<b>2nd Choice:</b>
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number

After you meet with an attorney to discuss your estate plan, the attorney will draft the will. The attorney will normally complete the will within a few weeks (subject to change based on the needs of active duty personnel at deploying commands).

Once your attorney has finished drafting your will, our office will call you to schedule an appointment to execute your will and other documents. When you come back to the office for the will execution, you will review your documents and execute them in a signing ceremony with witnesses.

Will Execution Date: \_\_\_\_\_

Time: \_\_\_\_\_

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